



ALABAMA LIQUEFIED PETROLEUM GAS BOARD

P.O. Box 1742
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777 S. Lawrence St., Suite 100
Montgomery, AL 36102-1742

W. Mark Nelson
Administrator

Loretta Veasley Cook
Executive Assistant

INCIDENT REPORTING FORM

Date of Report: ____ / ____ / ____

Date of Incident: ____ / ____ / ____

Type Incident: (check one)

____ Fire ____ Explosion ____ Cargo Vehicle Accident ____ Potential Carbon Monoxide
____ Sooting ____ Customer Complaint (related to defective installation)

Customer Name: _____

Customer Address: _____

Customer Telephone / Cellular Number: _____

**Telephone numbers for destroyed homes are not generally useful and should not be entered. Inspectors will need permission to access customer's property in order to conduct an investigation.*

Dealer Name: _____

Dealer Address: _____

Dealer Telephone Number: _____

Dealer Contact: _____

Date of Last Delivery: ____ / ____ / ____ (Attach Copy of Delivery Ticket)

Date of Last Service Work: ____ / ____ / ____ (Attach Copy of Service Documentation)

Last Leak Test Documented: ____ / ____ / ____ (Attach Copy of Documentation)

Fire Department Report: ____ Attached ____ To Follow

Suspected Cause / Customer Provided Information: _____

